

AMENDMENT TRANSMITTAL LETTER			Docket No. 4342-0121PUS1		
Application No. 10/588,454-Conf. #5756	Filing Date December 5, 2008	Examiner C. R. Stone	Art Unit 1628		
Applicant(s): Riccardo BERTINI et al.					
Invention: USE OF N-(2-ARYL-PROPIONYL)-SULFONAMIDES FOR THE TREATMENT OF SPINAL CORD INJURY					
<p>MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114); Extension for response within third month					1,920.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,920.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,920.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark J. Nuell, Ph.D. Attorney Reg. No. 36,623				Dated: <u>November 22, 2010</u>	
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